

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS027S	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2009
NAME OF PROVIDER OR SUPPLIER EL JEN CONVALESCENT HOSP SNF		STREET ADDRESS, CITY, STATE, ZIP CODE 5538 W DUNCAN DRIVE LAS VEGAS, NV 89130		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Z 000	Initial Comments Surveyor: 26251 This Statement of Deficiencies was generated as a result of a complaint investigation conducted at your facility on December 17, 2009 in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing. Complaint #NV00023435 was substantiated with no deficiencies cited. Complaint #NV00023716 was unsubstantiated. Complaint #NV00023754 was unsubstantiated with an unrelated deficiency cited (See Tag Z302). The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws. The following deficiency was identified:	Z 000		
Z302 SS=A	NAC 449.74491 Prohibited practices 3. The results of any investigation must be reported: a) To the administrator of the facility or his designated representative and to the bureau within 5 working days after the alleged violation is reported. b) In the manner prescribed in NRS 200.5093 and 432B.220 and chapter 433 of NRS. The administrator of the facility shall take appropriate action to correct any violation. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review and interview, the facility	Z302		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Z302	Continued From page 1 failed to report an allegation and the result of the subsequent investigation for misappropriation of a resident's money to the Bureau of Health Care Quality & Compliance for 1 of 5 residents (Resident #1). Severity: 1 Scope: 1	Z302			

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